

Name
in
Full

Lucy Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

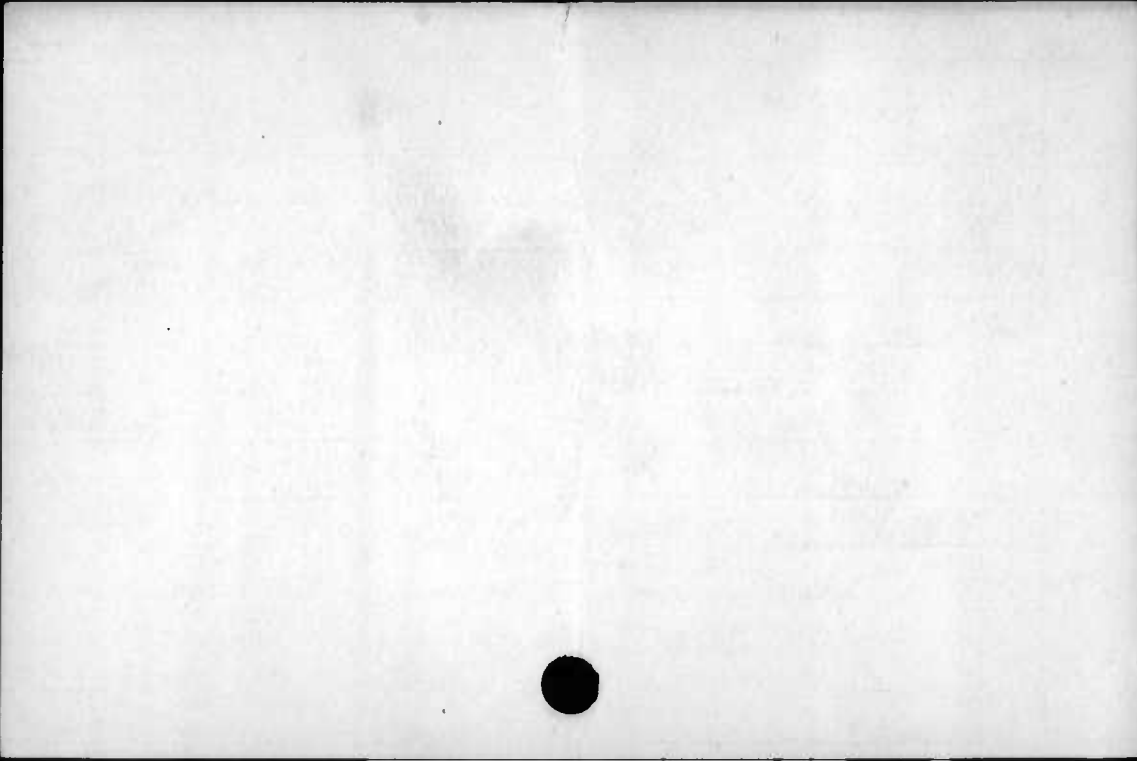
Died at <i>Federalsburg</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>5</i>
Age		<i>88</i>		Years	
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Ohio</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband <i>Henry Brown</i>			
Father's Name	<i>Alpheus Balar</i>			Father's Birthplace	<i>Ohio</i>
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	<i>unknown</i>
Name of person giving information	<i>Henry Brown</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>3 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. Kemp Jefferson</i>
		Address	<i>Federalsburg Md</i>
Accident or Suicide?			



Name
in
Full

Moses Camberly Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camberidge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	1908	Month	May	Day	17th
Age	40	Years		Months	5
Sex	Male	Color or Race	Colored	Birth-place	Dorchester Co.
Occupation	Barber		Where Residing if not at place of death <u>---</u>		
Married, Single or Widowed.	Single		Name of Wife or Husband <u>---</u>		
Father's Name	Moses Camberly Sr.		Father's Birthplace <u>Dorchester Co.</u>		
Mother's Maiden Name	Francis Fenibex		Mother's Birthplace <u>Dorchester Co.</u>		
Name of person giving information	Sarah J. Jackson		How related to deceased <u>Sister</u>		

*While drunk took
an overdose of opium*

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary	Alcoholism and Opium poisoning		How long	Two days
Immediate	Respiratory Failure		How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Dexter P. Reynolds		
Address		Camberidge Md.		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Joseph Edwards

Town

Cambridge

County

Dorchester

MARYLAND

Date

of death 1908

Month

May

Day

6th

Age

44 1/2 - 65

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Virginia

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

n

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Thomas Sanford

How related
to deceased

Not Related

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

Immediate

Cardiac and Respiratory Failure

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

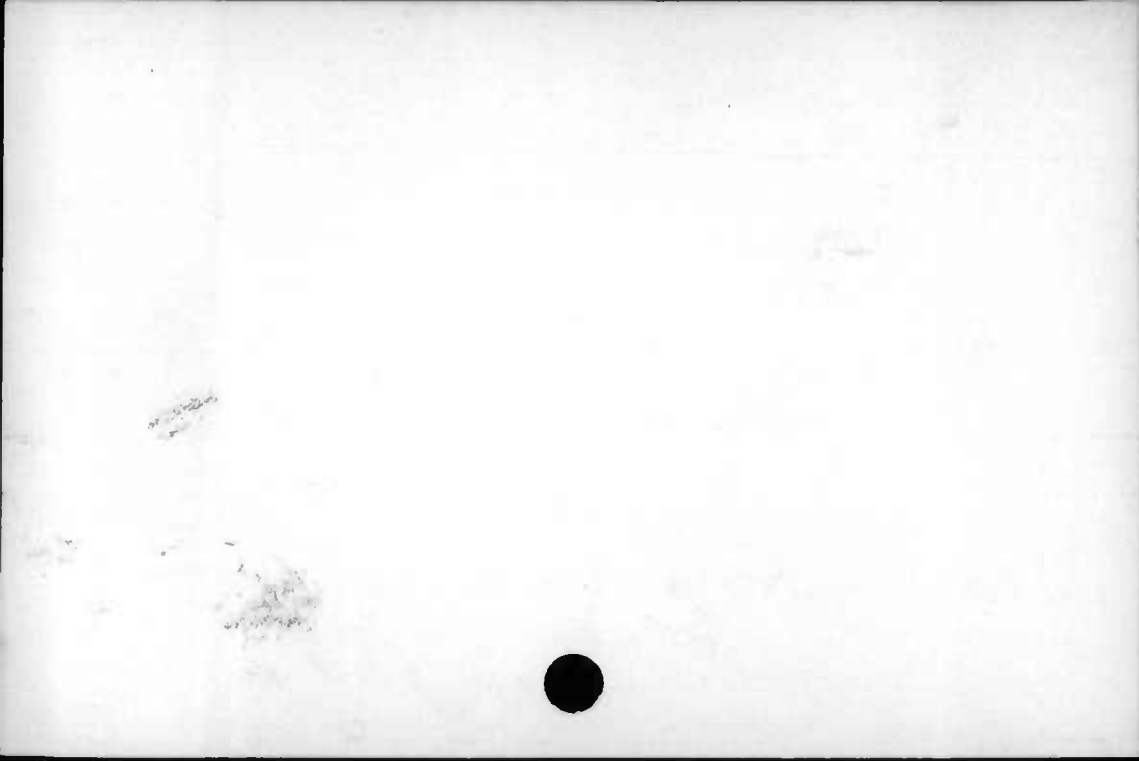
Signature of
Physician

Dexter F. Reynolds M.D.

Address

Cambridge Md

Accident or Suicide?



Name
in
Full

Mark Emmalls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

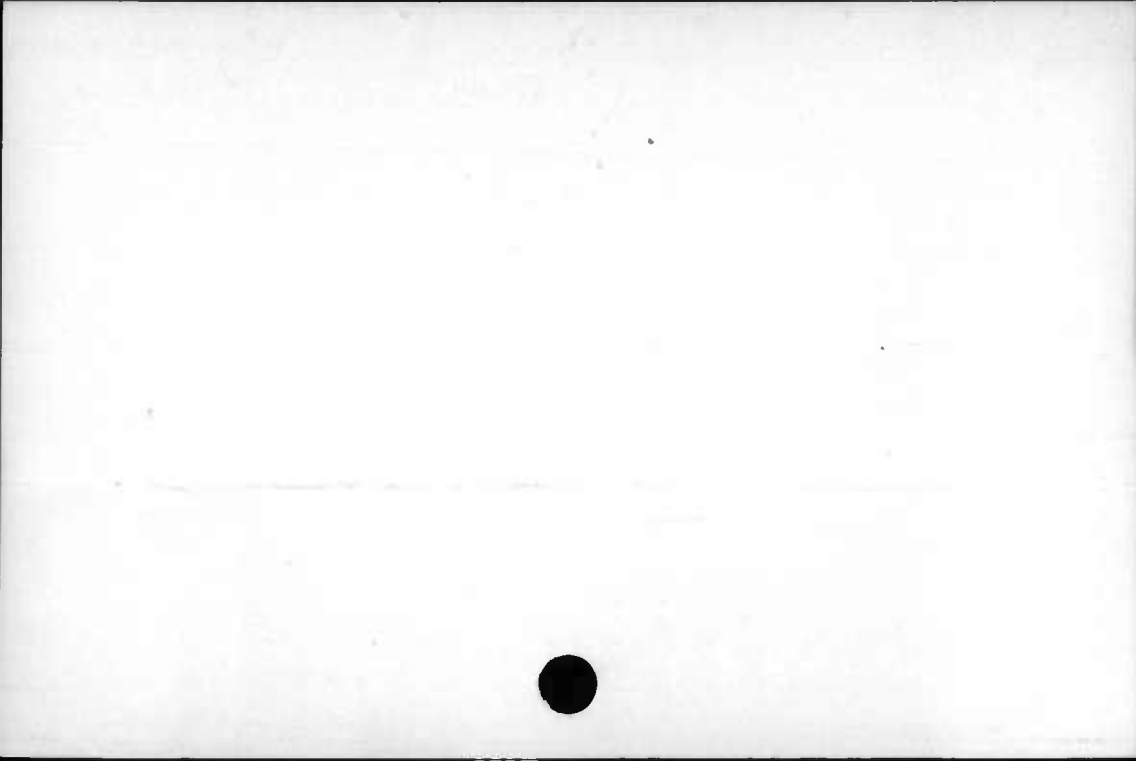
Died at <i>Green Hill</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1908</i> Month <i>May</i>	Day <i>27</i>	Age <i>51</i> Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Dor. Co. Md</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Hattie Emmalls</i>		
Father's Name	<i>Don't Know</i>			Father's Birthplace	<i>No history of father</i>
Mother's Maiden Name	<i>Victoria Emmalls</i>			Mother's Birthplace	<i>Dor. Co. Md</i>
Name of person giving information	<i>Hattie Emmalls</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

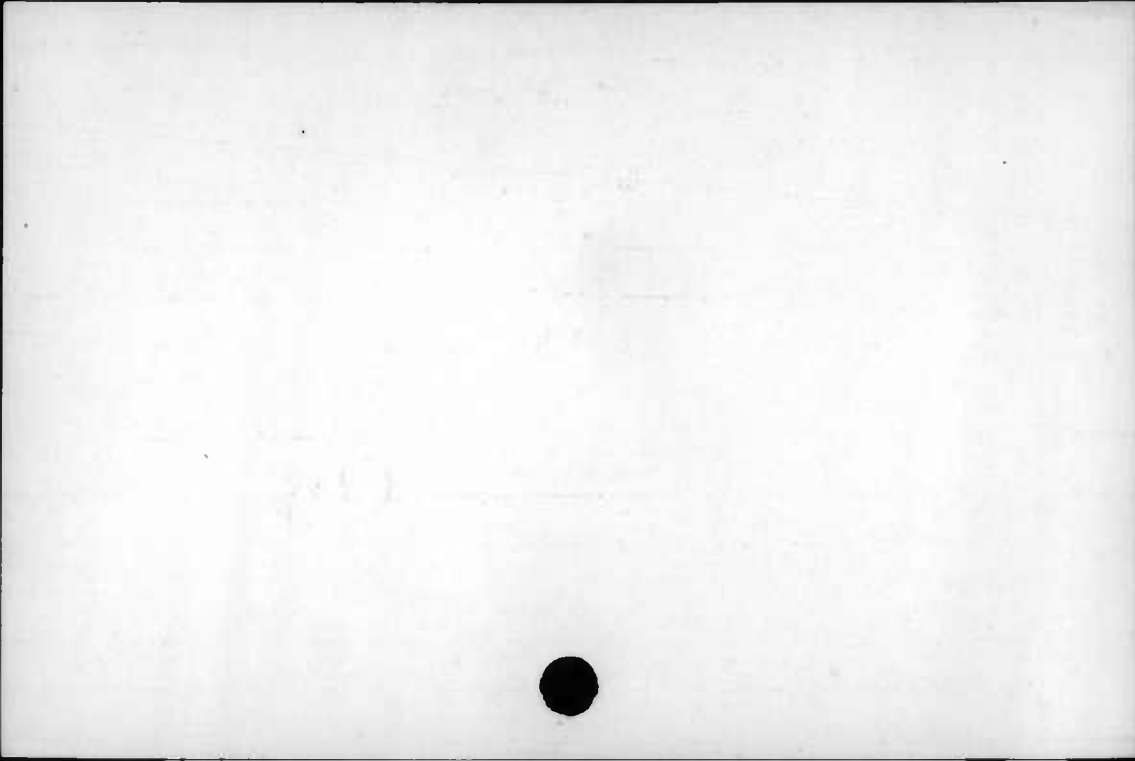
120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bright's disease</i>	How long	<i>About 6 months</i>
Immediate	<i>General Oedema & Exhaustion</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>B. L. Smith M.D.</i>	
		Address	
		<i>Madison, Md.</i>	
Accident or Suicide?			
<i>_____</i>			



Name in Full		Marry Enolds				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Leordtown ^{Town}		Dorchester ^{County}		md MARYLAND		
	Date of death	1908	May	Day 10	Age 17	Months 11	Days 8	
	Sex	Female		Color or Race	Black		Birth-place	Ohio
	Occupation	House Wife			Where Residing if not at place of death			Leordtown
	Married, Single or Widowed	Single			Name of Wife or Husband			Marry Enolds
	Father's Name	James Enolds				Father's Birthplace	Dorchester	
	Mother's Maiden Name	Maith Cannon				Mother's Birthplace	Delaware	
	Name of person giving information	Eor W Bennett				How related to deceased	None	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">138</div>								
PHYSICIAN OR CORONER	Primary	Typhoid of Pregnancy				How long	—	
	Immediate	Eclampsia				How long	8 hours	
	Are the name, age, sex, color, date and place correctly given above?				Yes			
	Signature of Physician				E. J. Stahl			
	Address				Cambridge, Md.			
Accident or Suicide?								



Name
in
Full

George Martini Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lee, J. Hughes

Died at		Cambridge		Donchester		MARYLAND	
Date of death	1908	Month	May	Day	25 th	Years	Months
Sex	Male		Color or Race	Colored		Birth-place	Cambridge, Md
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William J. Hughes					Father's Birthplace	Church CK
Mother's Maiden Name	Sarah Bornish					Mother's Birthplace	Church CK
Name of person giving information	William J. Hughes					How related to deceased	Father

CAUSES OF DEATH

179

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

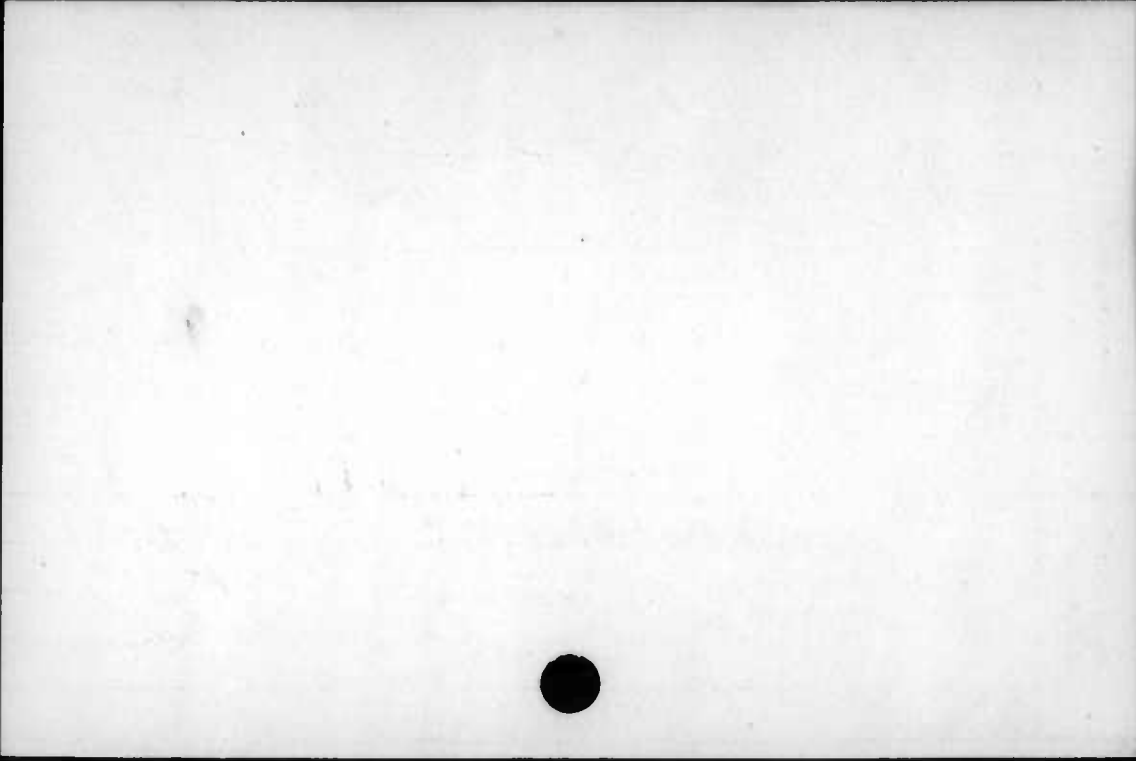
Address

Accident or Suicide?

Marasmus

No doctor

 Clemmie Bulworne
 Justice of the Peace



Name
in
Full

CERTIFICATE OF DEATH

Fannie M. Jackson

TO BE ANSWERED BY
NEAREST FRIEND

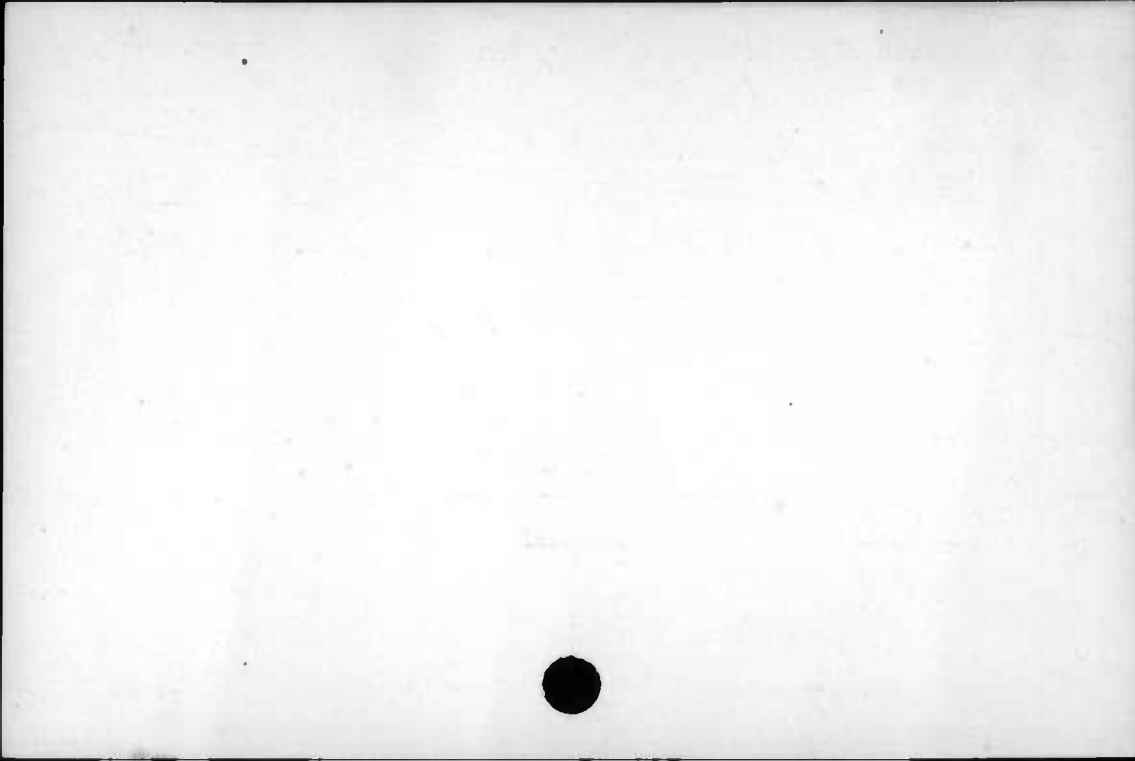
Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>30</u>	Age <u>30</u> ^{Years}	Months <u>2</u>	Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Louise D. Jackson</u>				
Father's Name <u>G. Thomas Johnson</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Martha Sinclair</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Martha Johnson</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary	<u>Pregnancy with nephritis</u>	How long	<u>6 1/2 months</u>
Immediate	<u>Constriction</u>	How long	<u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>B. M. G. La.borough</u>	
		Address <u>Cambridge Md.</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

No name Monoky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumby</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1908</i>		<i>May</i>	<i>31</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>2</i>
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>Black</i>		<i>und</i>			
Occupation				Where Residing if not at place of death			
<i>Bully</i>				<i>Cumby</i>			
Married, Single or Widowed		Name of Wife or Husband					
<i>Single</i>		<i>—</i>					
Father's Name				Father's Birthplace			
<i>W. J. Monoky</i>				<i>und</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Rachel Vaughan</i>				<i>und</i>			
Name of person giving information				How related to deceased			
<i>W. J. Monoky</i>				<i>Father</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		How long	
<i>not known</i>		<i>—</i>	
Immediate		How long	
<i>not known</i>		<i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John W. Moore</i>	
		Address	
		<i>Cumby Md</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

Jessie E. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

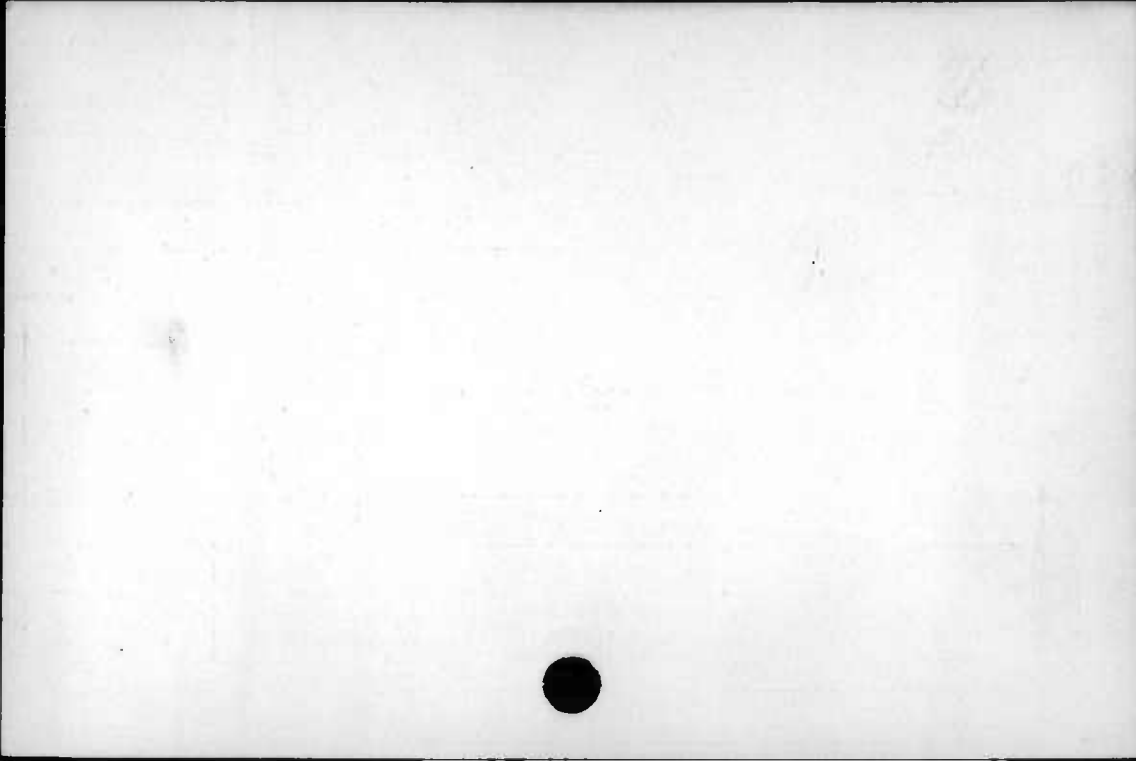
Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	May	Day	6
Age	34	Years		Months	1
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	None		Where Residing if not at place of death <u>Cambridge Md</u>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Arthur G. Moore			Father's Birthplace	Maryland
Mother's Maiden Name	Mary A. Thomas			Mother's Birthplace	
Name of person giving information	Wm Charles Marshall			How related to deceased	Sister Daughter

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Probably years
Immediate	Exhaustion	How long	A few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. G. L. Borroughs</u>	
		Address <u>Cambridge Md</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

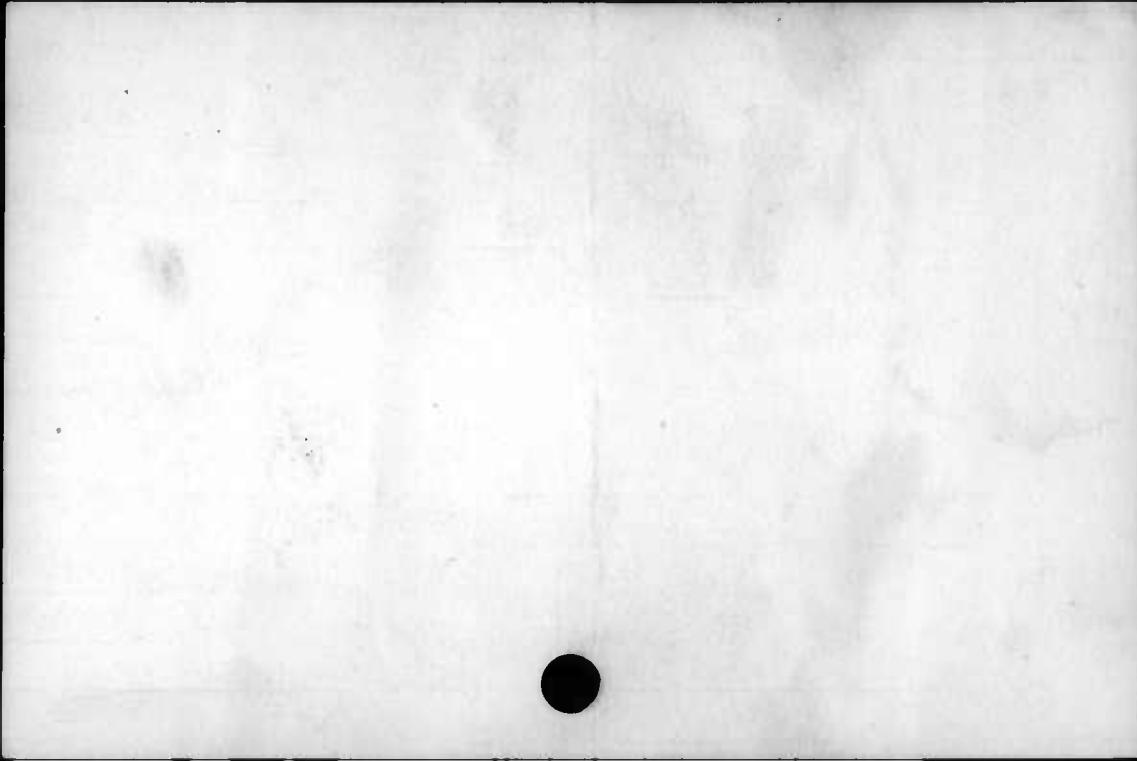
Died at <i>near Cambridge</i>		Town <i>Cambridge</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>8</i>	Age <i>60</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Worcester Co.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Plater</i>						
Father's Name <i>George Ellis</i>	Father's Birthplace <i>W. d</i>						
Mother's Maiden Name <i>Maya's Anthony</i>	Mother's Birthplace <i>W. d</i>						
Name of person giving information <i>George Plater</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>304 years</i>
Immediate <i>Active Congestive Lung</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor B. Russell</i>
	Address <i>Cambridge, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Heart New Mt. Dorchester</i>		Town <i>Dorchester</i>		County	
Date of death <i>1908</i>		Month <i>5</i>	Day <i>18</i>	Age <i>1</i>	Years
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Dor co</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Roland Sampson</i>			Father's Birthplace <i>Dorchester</i>		
Mother's Maiden Name <i>Lou Emma Lilman</i>			Mother's Birthplace _____		
Name of person giving information <i>Roland Sampson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

179

Primary <i>marasmus</i>	How long <i>6 months</i>
Immediate <i>Cardiac asthma</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Jones M.D.</i>
	Address <i>E. N. Mobel, Dor Co, Md</i>
Accident or Suicide? _____	

PHYSICIAN
OR CORONER



Name
in
Full

Ramond Franklin Sampson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

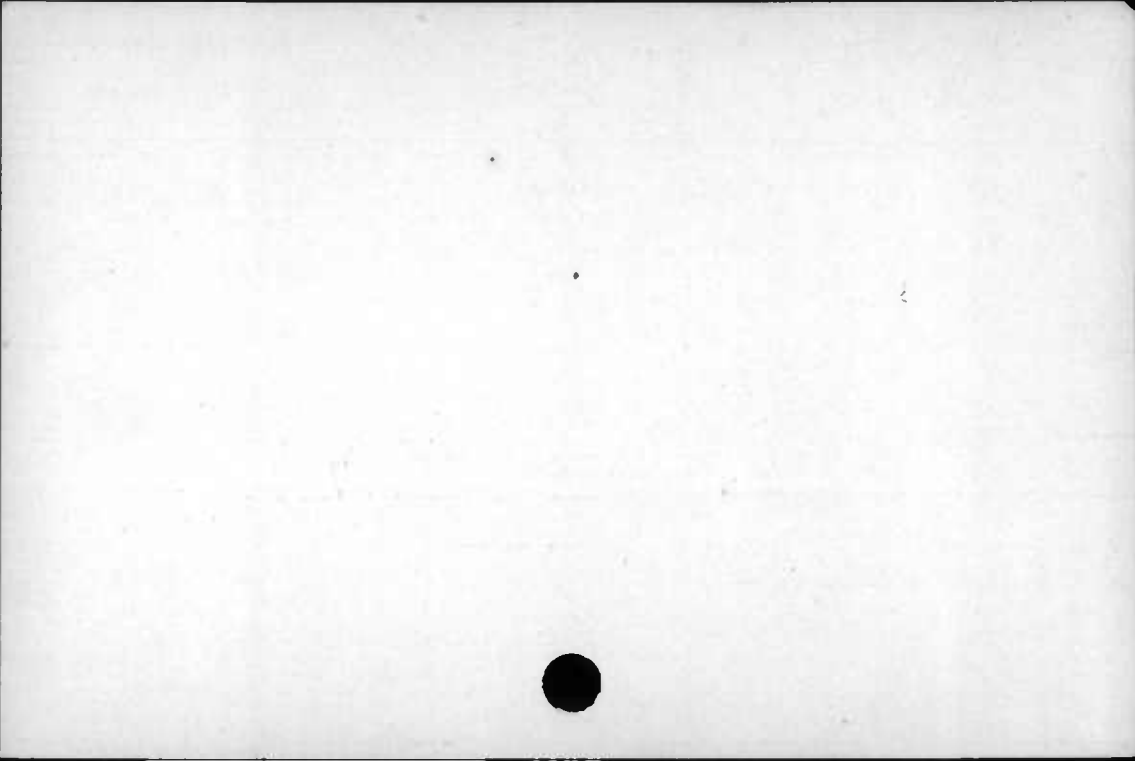
Died at <i>E. N. Market Depot</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	1908	Month	5 th	Day	8 th	Age	1 1/2
Sex	Male		Color or Race	Black		Birth-place	<i>E. N. Market Depot</i>
Occupation	None		Where Residing if not at place of death				<i>Same place</i>
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	<i>Ramond Sampson</i>					Father's Birthplace	<i>E. N. Market District</i>
Mother's Maiden Name	<i>Lula Sampson</i>					Mother's Birthplace	<i>Swkey no mid</i>
Name of person giving information	<i>Martin Sampson</i>					How related to deceased	<i>Brother</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	How long	<i>1 1/2 day</i>
Immediate	<i>unknown</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>No Physician</i>
		Address	<i>Wm J. Abdell Jr</i>
Accident or Suicide?			



Name
in
Full

Rosena Sharrn.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

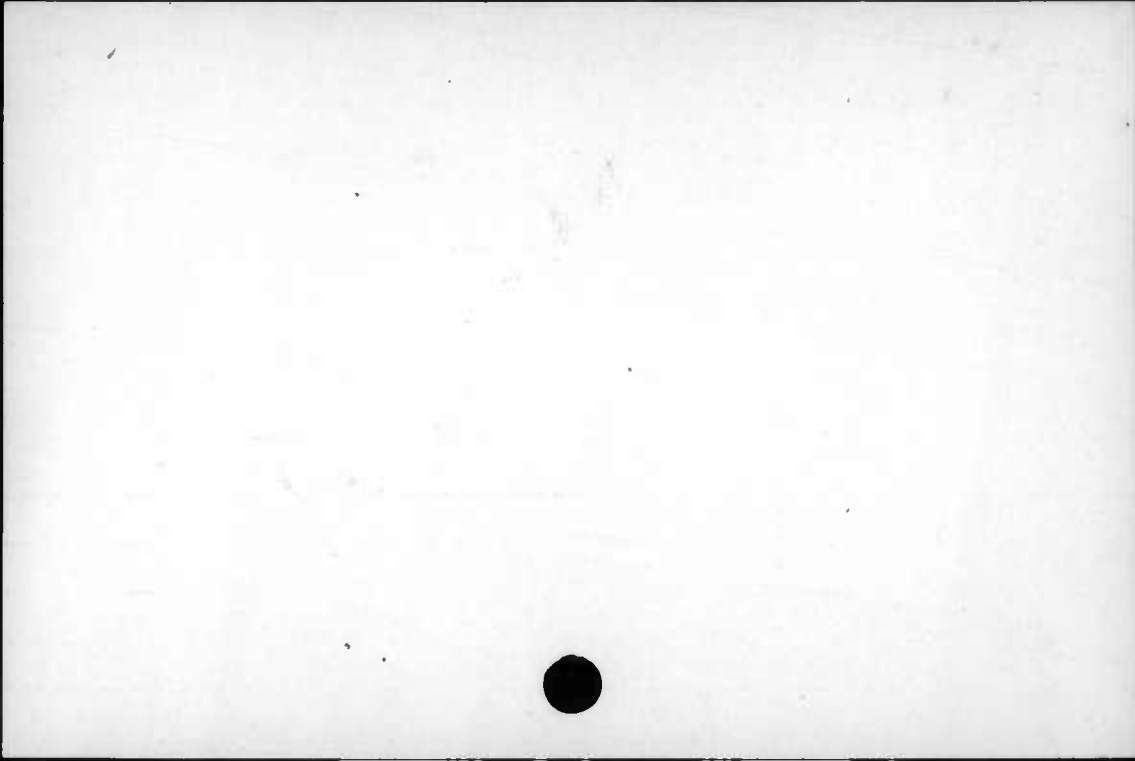
Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>29</i>	Age <i>69</i> Years	Months <i>10</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Hook</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>B. W. Sharrn (deceased)</i>				
Father's Name <i>John Turpin</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Zapon Esley</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Rev. Mrs. Ward</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Stomach</i>	How long <i>Can't say.</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Woelff</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide?	



Name
in
Full

Maria De Shields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

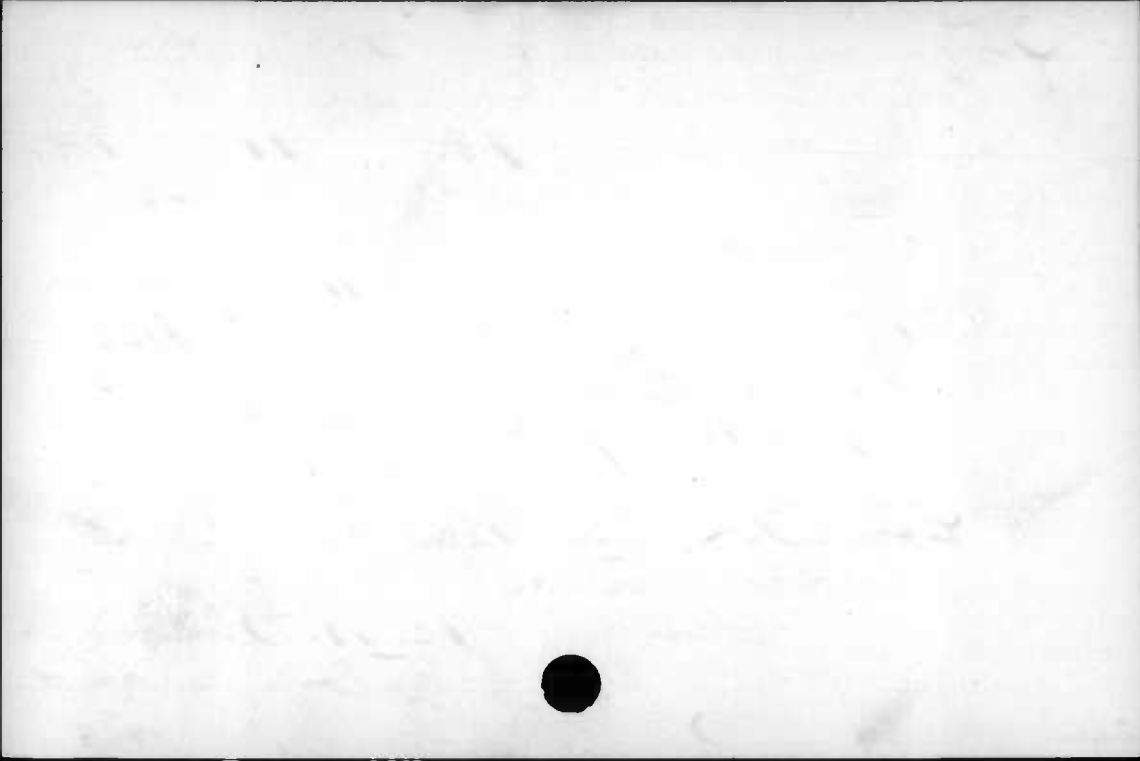
Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>17th</u>	Age <u>67</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Dorchester Co</u>		
Occupation <u>House work</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Healey Cephas</u>				
Father's Name <u>Peter Webb</u>	Father's Birthplace <u>Dorchester Co</u>		Mother's Birthplace <u>Dorchester Co</u>		
Mother's Maiden Name <u>Sarah Cephas</u>	How related to deceased <u>Daughter</u>				
Name of person giving information <u>Rhoda Foster</u>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	How long <u>3 days</u>
Immediate <u>Pulmonary and Cardiac Failure</u>	How long <u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dexter B. Reynolds MD</u>
	Address <u>Cambridge Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Theophilus T. Spicer Sr.

Died at *Taylor's Island*

Town

Dorchester

County

MARYLAND

Date

of death

1908

Month

May

Day

27

Age

Years

78

Months

11

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farming

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth R. Spicer

Father's
Name

Travers Spicer

Father's
Birthplace

Md

Mother's
Maiden Name

Matilda Fountain

Mother's
Birthplace

Md

Name of person giving
information

Jas. R. Spicer

How related
to deceased

Son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic Interstitial Nephritis

How long

2 yrs

Immediate

Cardiac Failure

How long

+

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. R. Shriver Jr

Taylor's Island

Accident or Suicide?

—

Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

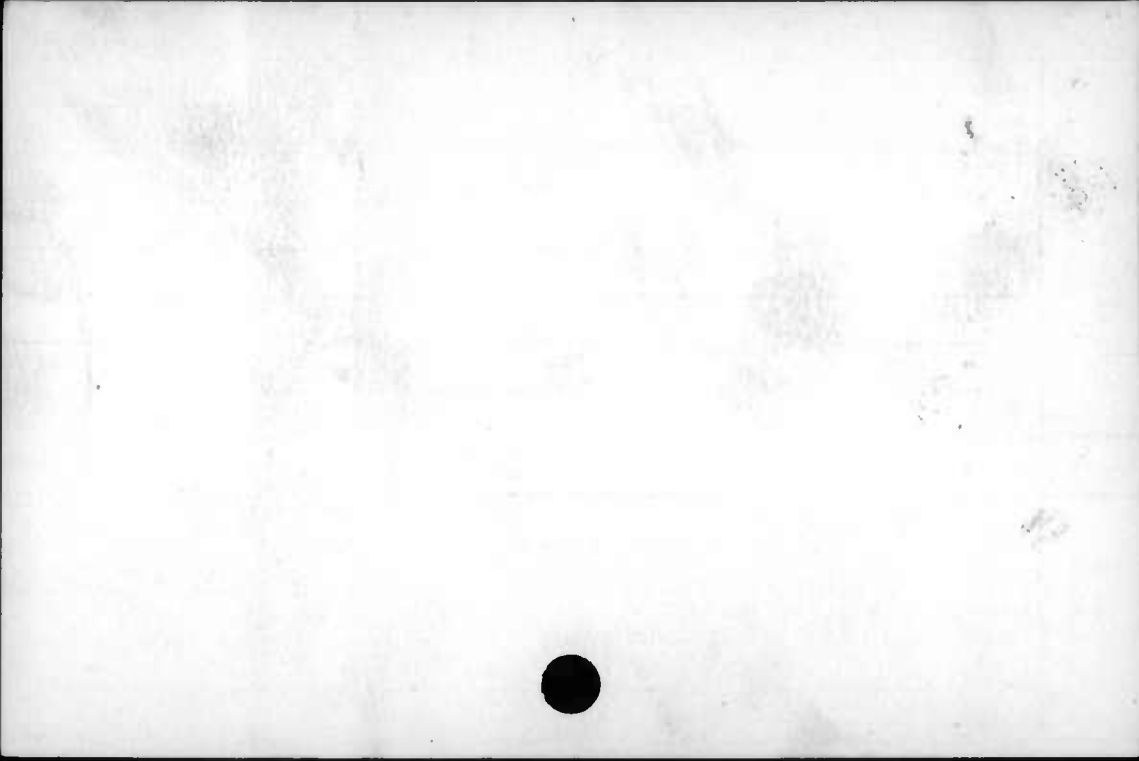
Died at <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1908</i>	<i>May</i>	<i>9</i>	<i>40</i>	—	—
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>African</i>		<i>Md</i>		
Occupation	Where Residing if not at place of death				
<i>Laborer</i>	<i>—</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Single</i>	<i>—</i>				
Father's Name	Father's Birthplace				
<i>Daniel H. Thompson</i>	<i>Md.</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Heeter Harris</i>	<i>Md</i>				
Name of person giving information	How related to deceased				
<i>Henry Smith</i>	<i>Step-father</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Haemorrhage</i>	How long	<i>18 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. K. Shriver Jr.</i>
		Address	<i>Taylor's Island</i>
			<i>Md.</i>
Accident or Suicide?	<i>—</i>		



Name in Full		Halbert S Vincent				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Galestown	County Dea		MARYLAND	
	Date of death	1908	Month May	Day 17	Age 37	Months 10	Days
	Sex	Male		Color or Race	White		Birth-place Galestown
	Occupation	Farmer			Where Receiving if not at place of death		
	Married, Single or Widowed	Widower		Name of Wife or Husband	Florence Brinsfield Vincent		
	Father's Name	Solomon C Vincent			Father's Birthplace	Galestown	
	Mother's Maiden Name	Annanda Briley			Mother's Birthplace	Galestown	
Name of person giving information					How related to deceased	Mother	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">123</div>							
PHYSICIAN OR CORONER	Primary	Cystitis				How long	9 days
	Immediate	Peritonitis				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				E R Asher		
				Address			Galestown
Accident or Suicide?							

